# The Linacre Quarterly

*A Journal of the Philosophy and Ethics of Medical Practice*

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FEDERATION OF
CATHOLIC PHYSICIANS' GUILDS

## FEDERATION OF CATHOLIC PHYSICIANS' GUILDS

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# he Linacre Quarterly

cial Journal of the Federation of Catholic Physicians' Guilds

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hn J. Flanagan, S.J.

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OCTOBER 18 . . . . Feast Day of St. Luke, Patron of Physicians. The Federation of Catholic Physicians' Guilds recommends special observance of the occasion. . . . Mass and Communion for members, with appropriate celebration throughout the day.

he Linacre Quarterly

AUGUST, 1951

## Editorial

IS THE Catholic hospital a haven of medieval medical practice? Does it place crippling restrictions on the medical and surgical practice of its staff members? Must the mother who enters a Catholic hospital be prepared to sacrifice her life for her child?

The sensational writings of several notorious religious bigots are bent upon giving the world this impression. Many ill-informed people of good will have been led to believe that these charges are true. Even some less informed Catholics have been shaken by the emotional rantings of those who attack Catholic hospitals and medicine.

We know, and the doctors in the Catholic hospitals know, that these charges are not true. We are deeply hurt by this type of criticism. It moves us to just but ineffectual indignation: we cry out against bigotry, but do we realize that we ourselves are partly to blame for the spread of this false propaganda?

Catholic hospitals and Catholic medical men have been on the defensive too long and have failed to tell the story of the Catholic hospital and practice of medicine by Catholics in strong, positive, and convincing language.

Let us consider the practice of obstetrics in the Catholic hospital—the area of so much unfounded but bitter and emotional criticism. What are the facts? Does a Catholic mother ever have to scarifice her life for her child? Catholic obstetricians tell us this *never* happens.

But perhaps it's proof that is wanted, not the allegations of Catholic physicians—the proof of irrefutable statistics. By all means, let us examine maternal and infant death rates; let us compare the figures for Catholic hospitals with the national norms, or even state and regional norms. Few if any Catholic institutions would not make a favorable showing — the majority would do

better than the norm. Each Catholic hospital should make this comparison for itself!

To pose another question: how does the percentage of live babies to the number of confinements in a Catholic hospital compare with that of non-Catholic institutions? Again, this is a question Catholic hospitals should answer for themselves. We know this: there are many babies born in a Catholic hospital who might have been sacrificed by "therapeutic" abortion in other institutions.

Some non-Catholic obstetricians have held that sterilization of the mother after the second or third caesarean section is mandatory. Do not our statistics disprove this unscientific interference with motherhood? We know that not a few instances of five, six, and even seven caesarean sections are on record in our institutions.

In other words, the adherence to basic Christian principles of respecting the life of the unborn and the determination to save the life of the foetus if at all possible has been a wholesome pressure which has stimulated great improvement in the science of obstetrics, and resulted in bringing to the light of day hundreds of infants who in other circumstances might not have been born. And in accomplishing this we have not sacrificed the life of any mother.

Cannot our medical staffs be made more aware of these facts? Could not annual reports stress these facts? We have a duty to furnish this information to our friends and benefactors. We owe it to our medical staffs.

Let us resolve to cease our fumbling protests of a negative nature. Let us resolve to tell our story in positive, statistical language! The facts speak for themselves and they are all in our favor.

(Reprinted from HOSPITAL PROGRESS June, 1951)

# Saints Cosmas and Damian

**C. Francis Werts, M.D.**

SAINTS COSMAS AND DAMIAN share with Saint Luke the position of patrons of the medical profession. It is with embarrassment that I admit ignorance of this fact until very recently, although I had pursued my medical career for a decade, after a long course in exclusively Catholic institutions of learning. Saints Cosmas and Damian were selected by the Cathloic Church as examples for those of us who are aspiring to reach the goal they now possess, and aspiring to that end in the same external circumstances of life. If we do not strive for the attainment of that blessed goal they now hold, we must face the only alternative, namely, damnation.

It occurred to me that perhaps many others have failed to become cognizant of the dignified position of Saints Cosmas and Damian, and I therefore felt that I might make amends for my culpable ignorance by bringing the knowledge of these saints to others. It may indeed be unnecessary to bring Saints Cosmas and Damian to the readers of the LINACRE QUARTERLY, but if only a few come to appreciate them I shall feel well recompensed.

Saints Cosmas and Damian lived and died in the third century, in Arabia. They are mentioned in the Roman Martyrology along with their three brothers: "Anthimus, Leontius, and Euprepius, whose feast commemorating their martyrdom occurs September 27. The known facts of the latter three are indeed scant, but a number of items concerning Cosmas and Damian have reached us, and these are sufficient to enthrone them in our esteem and to afford us worthy exemplars in our professional life.

Cosmas and Damian were Christians from childhood who apparently enjoyed education beyond the average. We read in *The Liturgical Year*, by the Benedictine Gueranger, that they studied Hippocrates and Galen with enthusiasm, and correctly concluded that the perfection of the human body was but a faint reflection of the Divine Wisdom it so eloquently manifests. They accepted their art as a sacred ministry, and served their Maker in

His suffering members. So altruistically did they perform their office that they were known as the "Anargyres" (from the Greek *alpha*—privative, without, and *arguros*, silver). Lest this might occasion an odious comparison with men of our day, one might work with pure love in his heart in spite of the necessity of fees that arises from our economic structure today.

Their fame was enhanced by miraculous cures attributed to them, and it is clear that God's mark of approval rested on them even in their life time. Such events scarcely escaped the attention of the governing powers, and Lysias, the prefect under Rome, ordered them before him. He sought to learn the secret of their powers and way of life, but they openly professed their religion and refused to adore the gods of the Romans, knowing well the penalty that millions of their co-religionists had paid in the name of Christ. The threat of torture was a futile gesture, for the Saints were equal to any ingenious machinations of torture their pagan captors could devise.

They were committed to dens of wild beasts; they were chained and hurled into the sea; they were bound to burning stakes; they were the targets of archers — all with impunity. Finally they yielded up their souls at the blow of the executioners' sword, and won the palm of martyrdom.

Patron saints are selected by the Church for the good of the living. Those glorious confessors and martyrs need no further adulation from the Church militant. The Church triumphant furnishes fulfillment of every lawful aspiration. But the Church militant needs the stimulation of their example, and they are selected because they are appropriate for that purpose. Hence it behooves each one of us to know them better, to imitate them closely and eventually to share their magnificent reward; otherwise, life is a complete failure.

Three items are most worthy of consideration in this account of Saints Cosmas and Damian: these Saints were practicing physicians; they had the gift of miracles; finally they achieved the martyr's crown. These items shall merit comment in the reverse order.

Saints Cosmas and Damian achieved the martyr's crown. Does this not immediately single them out and elevate them to a plane so

far removed from us that prima facie they become subjects of admiration but scarcely imitation for us in the profession. Perhaps that were so if martyrs were made at the time of their martyrdom. In the annals of the martyrs, there are examples of the effects of grace so overwhelming that unbelievers so clearly saw truth that they joyfully died for it minutes later. Persecutors have joined their intended victims. But in so many more cases, martyrdom was begun long before the day of consummation. The martyrdom of life-long observance of the commandments: the martyrdom of devotion to duty that was rarely easy; the martyrdom of patience in the presence of constant provocation; the martyrdom of virtue when vice demanded descent from the cross; all of these constitute a real martyr. How few martyrs there would be if their altars did not contain the ash of sacrifice of yesterday and yesteryear! And here the application to ourselves becomes clear. The life of a Christian can never digress from the Royal Road of the Cross. Whether the last moment is obvious to others as a consummation is but incidental. The essential is that our life must be a profession of the teachings of Christ, wherever that may lead. Saints Cosmas and Damian began that course early, and in this respect we may imitate them closely.

The second remarkable circumstance of the life of these men lay in the fact that miraculous powers were accorded them during their life-time. Certainly in that respect they are singled out to a degree that defies our imitation. Here again we behold a circumstance that is not essential either to sanctity or salvation. The power of miracles rests in God alone whatever the instrument that appears before man. The spittle and clay that Christ placed in the eyes of the man born blind was as effective as any instrument ever employed in the external manifestation of God's supernatural power. Hence the fact of miracles, while it carries the stamp of approval of God upon the person concerned, is not *per se* a sanctifying factor. Rather the virtue of the individual may predispose the providence of God in this direction at that particular time for a very particular purpose. Scripture tells us that the Apostles rejoiced that such power, namely that of miracles, was given them. We may assume that Judas was among them, and while it is not our office to decide his final fate, yet the fact of miracles did not confirm him in grace. Hence we may again emphasize the important

fact that Saints Cosmas and Damian lived virtuous lives in circumstances not unlike our own, and so achieved sanctity. Miracles followed, but did not precede or cause their virtue.

Finally, these saints were practicing physicians whose duties certainly had the identical relationship to their patients that prevails between doctor and patient today. Certainly their religious duties received exacting attention, but they were not canonized because they spent time in the observance of monastic discipline. The fact remains that the everyday duties of the professional man, dramatic and routine, have the tremendous possibilities of conferring sanctity upon those performing them with a right intention. Is the entire profession, then, to enjoy that distinction simply because their external duties bear that resemblance or identity to the life and duties of Cosmas and Damian? Unfortunately that is not the case. Only those will achieve this blissful end who fulfill two conditions, and these are not above the reach of any man of good will. First, all actions must be performed with the simple good intention of pleasing God, and the second follows as a corollary: the person concerned must be in the state of sanctifying grace. This latter condition seems so very obvious that it needs no discussion, for a person without grace could scarcely tend in the direction of salvation, much less sanctification. Pertinent to the first condition, any wrong intention would vitiate even the most sacred duties, and it is clear that the intention remains the factor which gives life to the objective actions of individuals.

The Church which transcends all ages has exercised wisdom in selecting these saints for our admiration and imitation. It remains for us therefore to select those essential factors in their lives that pertains to us, and to follow them. Nor need we be alone in this, for help from above is certainly forthcoming from those saints we honor, for we daily invoke them when we intelligently attend Mass and reverently repeat at each canon: "*Communicantes et memoriam venerantes . . . beatorum apostolorum ac martyrum tuorum . . . Cosmae et Damiani . . . quorum meritis precibus que concedas ut in omnibus protectionis tuae muniamur auxilio.*"

# "Morality and Alcoholism"

**Francis P. Furlong, S.J.**

A RECENT PUBLICATION should be of great value to priests and to doctors. I refer to *Depth Psychology, Morality and Alcoholism* by John C. Ford, S.J., A.M., LL.B., S.T.D. (Weston College Press, Weston 93, Mass.: 88 pages. Paper cover. $1.00 postpaid). In the first part of this monograph Father Ford, Professor of Moral Theology at Weston College and Professor of Ethics at Boston College, deals with the general question of unconscious motivation. In the second part he considers in *particular* the nature of alcoholism and the moral responsibility of the alcoholic.

My remarks will be concerned only with the second part of this work. I am sure that many will want to see the proof that: "Unconscious motivation as described in the Freudian and derived systems is a controversial theory, not yet established, nor agreed upon by psychologists generally . . . But even if it is accepted that unconscious motivation exists and influences notably our conscious human activity, there is no proof that it eliminates or notably impairs the freedom of our everyday deliberate decisions." Still the *particular* problem of alcoholism likely is of greater immediate interest and concern to more medical men in their professional responsibilities.

This brief report cannot do justice to the scholarly work which Father Ford has already compressed into 35 pages. I shall make no effort to indicate sources as given in copious footnotes and a select bibliography. My purpose is but to inform doctors of this publication, and to give them some idea of part of its content, that they may decide to read the monograph itself.

## Who Is the Alcoholic?

"*But the alcoholic is the excessive drinker who gets into serious difficulty with his drinking and who generally cannot stop drinking even if he wants to, without outside help.*" The serious difficulty may be about holding his job, or keeping his family together, or keeping his health, or keeping out of the hands of the police, or

avoiding serious moral excess. The outside help without which the average alcoholic cannot stop drinking may be medical, psychiatric, social, religious, or a combination of these.

## Number and Kind of Alcoholics?

We are not concerned here with the more than 60,000,000 people in the United States, who are reported to use alcohol as a beverage, at least occasionally, and yet do not become alcoholics. We are concerned with the one to 4,000,000 people in the United States in whom the above definition of an alcoholic is verified. Of these five out of six are men, and five out of six are between 30 and 55 years of age.

Alcoholics may be divided somewhat arbitrarily into two classes —those who begin to drink to "escape," and those who begin to drink for some other reason. The "escape" drinkers trying to get away from pain of body, or from mental pain and anxiety are frequently labeled "neurotic." Among them are those whose drinking is symptomatic of a mental illness more or less serious, a severe neurosis, or a psychosis. The second class comprises people relatively well adjusted and to whom the term "neurotic" would certainly not be applied.

The non-escape, non-neurotic drinker at first drinks because he likes it, because drinking is the socially acceptable thing. But continual self-indulgence, this pampering of self, has grave repercussions at times. It may make one more and more careless, thoughtless, demanding, and aggressive. Inevitably such conduct gives rise to serious problems. "Unfortunately," as Selden Bacon points out, "the individual has learned a simple response to avoid such problems—drinking. Again a vicious circle can be seen."

This distinction of alcoholics into "escape" or "neurotic" or "primary" addicts, and non-neurotic or secondary addicts is of value when making a prognosis of rehabilitation. Obviously the chances of rehabilitation are much better for an alcoholic of the second class. His problem is solved when he has learned not to drink. An alcoholic of the first class would still have his neurosis to contend with.

## Phases of Alcoholism

Dr. Jellinek indicated four phases through which in the course of some 10 or 15 years many if not most alcoholics pass. These phases are used by Father Ford in the attempt to organize schematically a more complete list of the behaviors broadly characteristic of alcoholism. "Frequent excessive drinking (not necessarily passing out or getting drunk, but being good and tight)" is to be found in all the phases.

Those in the *preparatory phase* are at least potential alcoholics. The outstanding behavior here is the *blackout* (pulling a blank). This does not mean loss of consciousness, "but a temporary loss of memory which blanks out past activities which may have been carried on with perfect rationality". Other characteristic behaviors are: "extra drinks before party; sneaking drinks at party; drink to feel at ease with others; drink to feel at ease with girls, or at a dance".

Alcoholics in the *basic phase* (addiction coming on) present as their outstanding behavior *loss of control after a few drinks.* Other characteristic behaviors are: "extravagant behavior (phone calls, treating, taxis); reproached by family and friends; rationalizing excessive drinking (alibis, kidding self, lies, excuses); drunken driving; humiliate wife or husband in presence of others; neglect of sacraments; more efficient after one or two drinks; solitary drinking."

In the *early chronic phase* (addiction begins) the *morning drink* is characteristic. Noteworthy behaviors are: "Need more liquor to get same effect; anti-social acts (aggressiveness, fights in taverns, arrests); frequent missing of Mass; walk out on friends (think friends stuffed shirts, snobs, etc.); friends walk out on the drinkers; refuse to talk about drinking, resent any mention of it; walk out on job unreasonably; loss of jobs; seek medical advice, and/or psychiatric advice; persistent sleeplessness; neglect of food while drinking; hospitalization because of drinking; indifferent to kind of beverage alcohol; go on wagon (e.g., for Lent, for months, for a year, for life); take the pledge; change pattern of drinking (e.g., only beer, only wine, etc.); pills (barbiturates); neglect of family; self-pity (everyone down on you, etc.); benders; what's-the-use attitude".

Finally the *late chronic phase* (addiction complete) is marked by *little or no control* (often called a "hopeless drunk"). Other characteristic behaviors are: "Get drunk on less liquor; persistent remorse; drinking any kind of alcohol (shaving lotion, vanilla extract, etc.); protecting supply; tremors (continued after the binge and hangover); diminishing sex potency; fears (vague, indeterminate of retribution, etc.); raging resentments, entirely unreasonable; geographic escape; convulsions (rum fits); delirium tremens; hallucinations; bankruptcy of alibis and rationalizations; suicidal attempts; commitment (involuntary) to various institutions; skid row; insanity; death".

## What Is Alcoholism?

"I do not believe it is accurate to say that alcoholism is just a disease. Nor do I consider it accurate to say it is just a moral problem. It is both. I believe it is many things and a complex problem. In some cases the physiological factors seem to predominate, in many more the psychological, and in others the moral and spiritual. But in most alcoholics all three elements are found. And the best formula I have found for answering the question: is alcoholism a disease? is this: alcoholism is a triple disease; of the body, of the mind, and of the soul."

If alcoholism is not a disease why are literally hundreds upon hundreds of articles continually being written on the subject by members of the medical profession? There is a good reason for believing that there is a physiological basis for the alcoholism of many alcoholics, that there is a bodily pathology which contributes to their condition.

Alcoholism is also a disease of the mind in that the drinking itself is to a greater or lesser degree *compulsive*. This means that *at times* the alcoholic cannot help drinking, or at least his freedom not to drink is notably diminished. Father Ford then explains that "at times" since irresistible impulses need not be such *in all circumstances*. In a summary such as this, however, one cannot touch every point.

Alcoholism is also a sickness of soul. It is sin. The average alcoholic goes through a process of gradual moral deterioration

for which he is in varying degrees responsible. Among the proofs that alcoholism is sickness of soul Father Ford appeals to the admittedly successful 12-step program of Alcoholics Anonymous. "And these steps are nothing but a program of moral and spiritual regeneration, a program of self-discipline and asceticism . . . It is my contention that if this medicine of the soul is the thing that has been more effective than anything else in curing the sickness of alcoholism, then alcoholism must be, in part at least, a sickness of the soul."

## Drinking and Drunkenness

Drinking is not a sin, and the use of alcoholic beverage is not wrong in itself.

Complete drunkenness, that is to the point where one no longer has the use of reason, is gravely sinful. The sin is not one of gluttony, but rather, since the deprivation of the use of reason is comparable to mutilation, it might well be classed as a sin against the fifth commandment. With regard to that mutilation of memory which we designate by the term "blackout" Father Ford's opinion is that even though reason is otherwise substantially unimpaired: "such conduct is *per se* mortal, because it is a notable and unjustifiable violation of the integrity of man's higher faculties. Obviously it will generally be mortally sinful for extrinsic reasons, too, e. g. damage done while in that condition."

One should not so insist on the grave sinfulness of complete drunkenness as to create the false impression that incomplete drunkenness, the lesser degrees of inebriation, is not often objectively mortally sinful.

Total abstinence is not something Protestant or Jansenistic. Catholic total abstinence societies, approved by the Church, judge not the drinking habits of others, but promote voluntary abstinence for a supernatural motive as one of the finest practical means of exercising Christian self-denial. "But there is no antidote like self-denial to the self-indulgence which degenerates into addiction."

## Responsibility of the Alcoholic

Is the alcoholic responsible for his present pathological condition? There are primary addicts, as we have seen, whose condition

is *not* the result of long over-indulgence. They are not any more responsible for their alcoholism than a neurotic is for his neurosis. Many other alcoholics, however, the secondary addicts, *are* responsible to the extent that they foresaw addiction as the end-result or probable end-result of their avoidable excess. "But subjectively, it seems to me, not many alcoholics are mortally guilty as far as the addiction itself is concerned. Very few foresee addiction. Very few believe that they will ever become drunks. There is nothing more insidious and blinding than alcoholic excess."

## Objective Morality of Compulsive Drinking

What is the objective morality of compulsive drinking after addiction? Drunkenness remains a mortal sin, and since for an alcoholic even one drink almost inevitably leads to drunkenness and other serious sins, there is here a serious obligation not to drink at all. At this point the author prudently stresses the reason why "it is generally unwise and improper to tell the alcoholic that for him one drink means mortal sin". With regard to other sins an important fact to keep in mind is that alcoholics while drinking frequently continue to have the use of reason, and hence are responsible agents, though their general confusion of mind is an attenuating circumstance. Things done by alcoholics when they do not have the use of reason, are not imputable to them unless such things were at least in some vague way foreseen by them.

## Subjective Morality of Compulsive Drinking

To what extent is the alcoholic really and subjectively guilty when he does something that objectively is contrary to the moral order? Three considerations lead Father Ford to assert that "the responsibility of the average alcoholic for his drinking is notably diminished, that our judgment of his sins of drinking should incline towards leniency, and that there are many cases where he is not mortally guilty for becoming drunk." A compulsive drinker is pathological, abnormal, sick. Secondly he is suffering from a psycho-neurosis or something much akin to it, and theologians and psychiatrists are agreed in attributing to the neurotic a diminished amount of responsibility. Thirdly, the usual impediments of human

acts such as ignorance, concupiscence, habit, bear upon the alcoholic in an exaggerated way where his drinking is concerned.

After a discussion of "habit", "addiction", "compulsion", the conclusion is reached that one must always have recourse to the conscience of the individual alcoholic to discover in some way whether he has sinned greviously or not. "*His responsibility for his drinking is generally diminished to a considerable extent, and sometimes eliminated, but each alcoholic, each drinking episode, and even each act of drinking must be judged separately.*" In the end we must leave it to a merciful God to judge these matters.

A point which I consider of greatest importance is:

"Although the alcoholic may be powerless over alcohol, and unable at times directly to resist the craving for drink, yet it is within his power generally speaking, to do something about his drinking. He is therefore responsible for taking the necessary means to get over his addiction. Some need psychiatric help; many need medical help; almost all need spiritual help. But the same elements of confusion, ignorance, hopelessness and despair may modify considerably the subjective responsibility in this matter, too. But today there is new hope for the alcoholic, because the kind of help he needs is more and more easily available to him."

## Conclusion

In his general concluding observations Father Ford points to the present-day earnest and even frantic quest for peace of mind and peace of soul. Peace, though, follows victory, and victory must be fought for and won. That fight for victory and peace is Christian asceticism, Christian self-knowledge and Christian self-discipline. There is an interior spiritual conflict that goes on within us.

"The average person finds the law of his members rebelling against the law of his conscience. He finds the indulgence of the law of his members leading him, unless checked, inexorably into the thraldom of the law of sin. The poor alcoholic and many another mental sufferer experiences within himself an exaggerated version of that same interior conflict. And they do not solve the conflict, until they surrender themselves to the law of the Spirit of Life, which is the grace of God, through Jesus Christ, Our Lord."

The purpose of the preceding paragraphs, may I recall, was but to present briefly some of Father Ford's thought. In the condensation not a little is lost. Again I should like to recommend highly the reading of the monograph itself. I am sure that the information it gives will help medical men to fulfill even better their obligations to individuals and to society in this serious problem of alcoholism.

## October 18 Feast of St. Luke, Patron of Physicians

When William Harvey of England, the discoverer of the circulation of the blood, entered the medical school of the University of Padua in Venice as a freshman in 1598, it is recorded that the academic year began on October the 18th with the celebration of the Mass in honor of St. Luke. The opening of the school year on this feast day was not simply a chronological accident. For St. Luke in a very particular manner was and is central to the tradition and practice of medicine.

It is a significant revelation that St. Paul, the great Jewish convert, referred to his fellow apostle St. Luke, the great gentile convert, as "my beloved Luke, the Physician." And St. Paul, imprisoned and infirm with "the time of his dissolution at hand" in writing to Timothy that "Demas hath left me, loving this world, and is gone to Thessalonica, Crescens into Galatia, Titus into Dalmatia, *only Luke is with me*," typifies for all time the role of the physician, and the life of dedication to his fellow men that Luke practiced throughout his active career.

The age of Harvey and Galileo, who were fellow students at Padua, marked one of those revolutionary and dramatic epochs in the progress of science. The age was characterized by fearless scientists who were God-fearing men. Today we are in the midst of another revolutionary and dramatic moment in the history of science. Today, however, many of our fearless scientists are not such God-fearing men. The marvelous advances of modern science have sometimes functioned to produce darkness and unhappiness. The celebration of the Feast of St. Luke focuses more than ever the need for the guidance and governance that comes with a true love of God and the Son of God, the Divine Healer.

In an age of mass specialization, mass building programs, mass medical centers, mass medical research, it is crucial that the mass approach does not displace the recognition of the intrinsic human dignity possessed by each individual patient. St. Luke records that when Christ at the end of a particularly busy day was confronted with a great mass of the sick, He did not perform a mass miracle. Rather, "He, laying His hand on *every* one of them, healed them."

HERBERT A. RATNER, M.D.

# REPORT OF ANNUAL MEETING OF THE FEDERATION OF CATHOLIC PHYSICIANS' GUILDS (1951)

On June 13 in Atlantic City, the Federation of Catholic Physicians' Guilds held an annual business meeting and a luncheon meeting for Catholic Physicians.

## Business Meeting

The annual business meeting was called to order at 10:00 a. m. in the Claridge Hotel, Atlantic City. In the absence of the President, Dr. John W. Spellman, Dr. William P. Chester, Vice-President, presided. The opening prayer was said by the Moderator, Rev. Donald A. McGowan. The following is a list of official delegates present:

Bronx Guild—Dr. Eusebius J. Murphy
Brooklyn Guild—Dr. Geo. Graham
Boston Guild—Dr. Wm. J. Egan
Buffalo Guild—Dr. Edward Driscoll
Cleveland Guild—Dr. Paul A. Mielcarek
Detroit Guild — Dr. William P. Chester
New Orleans Guild—Dr. Jerome Landry
Omaha Guild—Dr. Arthur J. Offerman
Philadelphia Guild—Dr. J. Toland
St. Louis Guild—Dr. D. L. Sexton
Wilmington Guild—Dr. J. J. Graff

## Guilds Not Represented

Minneapolis Guild
New Bedford Guild
Sacramento Guild
Sioux City Guild

Also present at this meeting were the Moderator, Rev. Donald A. McGowan, the Rev. Ignatius Cox, S.J., first Moderator of the Federation, Rev. John J. Flanagan, S.J., Editor of LINACRE QUARTERLY, and Mr. M. R. Kneifl, Executive Secretary of the Federation.

## Activities of Central Office

The first item of business was a report from St. Luke's Guild of Boston which asked the delegates to consider the development of a more business-like central office, the position of the President of the Federation, the sale of LINACRE QUARTERLY to non-members, the Incorporation, the publication of an account of the

Federation's financial situation, more regular business meetings, reports of activities of the Guilds in LINACRE QUARTERLY and wider exchange of ideas, programs, etc. Dr. Egan then mentioned the activities of the Boston Guild which are reported separately in the August issue of LINACRE QUARTERLY.

It was agreed that more activity should be developed at the central office. It was pointed out that some improvement had been made in the last 18 months with the addition of a part-time secretary at the office in St. Louis. There was a long discussion on the responsibility of the central office to take leadership and offer guidance when important questions of national scope arose. Father McGowan pointed out that in the past there had been a desire to allow the maximum amount of autonomy to local Guilds and that they needed to be guided by their local Ordinaries, in handling problems of a religious nature and that this would be true when a Guild took a stand as a Catholic group on a controversial issue.

Dr. Graham pointed out that Catholic Action should arise with the laity and be supervised or moderated by the Clergy.

Dr. Yeip was of the opinion that the central office should take more leadership, but also keep clear of political issues. Father Flanagan stated that the activities of the Federation suffered to a certain extent because many of its activities emanated from the office of another Association, thus losing the benefit of concentrated attention. It was his opinion that the desired results would not be obtained until the Federation grew large enough to afford a full-time secretary working under the direction of Father McGowan.

Dr. Egan stressed the idea of Catholic Action and pointed out the need for this in medical practice. Father Cox praised the work of the Boston Guild and referred to the controversy over birth control in Atlantic City many years ago and the influence of a small group of Catholic physicians at that time. At the end of this discussion, a resolution was presented and passed that the Executive Board of the Federation shall be the policy making body of the Federation, provided that the application of such policies in a particular diocese be subject to the approval of proper ecclesiastical authority.

### Canadian Guilds

Father Flanagan reported that two requests had been received from Guilds in Canada. A motion was made and passed to amend Article V on membership so that Guilds in Canada could be affiliated.

### Membership in Local Guilds

The delegates re-iterated a previous decision that local Guilds should enjoy freedom in admitting dentists and pharmacists to membership.

### Affiliation Fees

To clarify some misunderstanding, it was agreed that each Guild should pay annually the affiliation fee of $25.00.

Mr. M. R. Kneifl presented the financial report which was approved by the delegates. The report is to be published in LINACRE QUARTERLY.

## LINACRE QUARTERLY

Father Flanagan reported on the increased circulation of THE LINACRE QUARTERLY through a drive for individual subscriptions. In two years the circulation has grown from 1,300 to 3,500. This drive for subscriptions has been under the direction of Miss Jean Read of the St. Louis Office.

Father Flanagan also reported that it is difficult to obtain editorial material. He suggested that an Editorial Board be appointed to help. The motion was made and passed that Father Flanagan be authorized to appoint an Editorial Board.

It was also strongly urged that more news from local Guilds be reported in LINACRE QUARTERLY. It was suggested that it be mandatory for each Guild to report each of its meetings to LINACRE QUARTERLY.

### Speakers' List

The central office reported that in response to requests for qualified speakers, a partial list had been drawn up. Father Carney mentioned that some of the moralists in the Catholic Theological Society would be qualified to write or speak.

### International Congress of Catholic Physicians

Father McGowan reported that the International Congress of Catholic doctors was to be held in Paris during the third or fourth week in July. Since he was being sent by The Catholic Hospital Association to an International Hospital Convention in Brussels, he hoped to be able to attend the Congress in Paris.

### Health Insurance

Father Flanagan reported that some requests have come to the office for a statement of the official position of the Federation on compulsory health insurance. No such action has ever been taken. Dr. Offerman called attention to the brochure A VOLUNTARY APPROACH TO A NATIONAL HEALTH PROGRAM issued jointly by the Conference of Catholic Charities, the Bureau of Health and Hospitals of the N.C.W.C., and the Catholic Hospital Association. It was recommended that copies of this be sent to local Guilds. It was hoped that after each Guild had expressed an opinion, a Federation policy could be established. Here again there was expressed a desire for guidance. It was pointed out that most medical problems are national problems and that Federation action is necessary.

* * * *

In the closing minutes of the meeting, a telegram from Dr. John B. O'Toole, Jr. immediate past-president of the Catholic Physicians' Guild of New Bedford, Mass. was read commending the work of Father Garesche and recommending a scholarship fund for the medical education of young members of the Catholic Medical Mission Board. No action was taken.

Dr. Offerman of Omaha also presented a resolution concerning the support of Catholic medical schools. Dr. Murphy reported on student Guilds.

It was necessary for the meeting to adjourn so that the luncheon meeting could begin.

### Luncheon Meeting

This annual meeting is sponsored by The Federation of Catholic Physicians' Guilds for all Catholic doctors who wish to attend.

Ninety-three people attended this year. The luncheon was served in the Claridge Hotel. Dr. Wm. P. Chester presided. The speaker for the occasion was Rev. Francis Connell, C.SS.R., Dean of the School of Theology of the Catholic University of America. Father Connell is an eminent authority and writer in the field of moral theology and spoke on the basic religious principles which must guide the Catholic physician in the practice of medicine.

Father Donald A. McGowan, Moderator of the Federation, spoke briefly on the activities of the Federation and of the plans for the future. The Chairman of the Nominating Committee which was appointed during the business meeting reported and presented the following slate of officers:

*President*—William P. Chester, M.D.
Detroit, Mich.

*First Vice-President*—Joseph J. Toland, Jr. M.D.
Philadelphia, Pa.

*Second Vice-President*—Melvin F. Yeip, M.D.
Cleveland, Ohio

*Third Vice-President*—William J. Egan, M.D.
Newton Highlands, Mass.

*Secretary*—Arthur J. Offerman, M.D.
Omaha, Nebr.

*Treasurer*—Daniel L. Sexton, M.D.
St. Louis, Mo.

This slate was unanimously elected.

The meeting adjourned at 2 o'clock.

## FEDERATION OF CATHOLIC PHYSICIANS' GUILDS

### Financial Statement

June 1, 1950—May 31, 1951

| | | | |
|---|---|---|---|
| Cash Balance May 31, 1950 | | | $1,286.31 |
| *Cash Receipts* | | | |
| Subscriptions to THE LINACRE QUARTERLY | | | |
| Hospitals | $ 873.50 | | |
| Doctors | 1,345.25 | | |
| Priests | 514.00 | | |
| Others | 433.90 | 3,166.65 | |
| Membership Fees (Including Other Group* Subscriptions) | | | |
| Sacramento | 36.00 | | |
| Los Angeles* | 411.00 | | |
| Omaha | 58.50 | | |
| San Antonio* | 12.00 | | |
| New Bedford | 69.00 | | |
| St. Louis | 253.50 | | |
| Detroit | 122.00 | | |
| Bronx | 109.50 | | |
| Cleveland | 104.00 | | |
| Philadelphia | 124.50 | | |
| Buffalo | 187.50 | | |
| Milwaukee* | 38.00 | | |
| Wilmington | 18.00 | | |
| Dayton* | 58.50 | | |
| Brooklyn | 364.50 | | |
| Minneapolis | 84.00 | | |
| Sioux City | 39.00 | | |
| Boston | 484.50 | | |
| New Orleans | 203.00 | 2,777.00 | |
| Affiliation Fees | | 250.00 | |
| Miscellaneous Income—Reprints, etc. | | 129.37 | $7,609.33 |

*Disbursements*

| | | |
|---|---|---|
| Part-time Salary | $1,200.00 | |
| San Francisco Meeting (Federation) | 304.00 | |
| LINACRE QUARTERLY — Printing | 1,752.90 | |
| Stationery & Supplies | 146.21 | |
| Reprints | 30.80 | |
| Promotional Activity | 185.00 | |
| Membership Certificates | 64.50 | |
| Advertisement—Catholic Press Association | 77.00 | |
| Postage Permit | 10.00 | |
| Miscellaneous | 2.18 | |
| Discount & Exchange | 5.97 | 3,778.56 |

Cash Balance May 31, 1951—
Mississippi Valley Trust Co. $3,830.77

**Accounts Payable—
Catholic Hospital Association $5,302.40

Bills Outstanding
Hilton Printing Company
Printing—

| | | |
|---|---|---|
| Atlantic City Meeting | $42.35 | |
| Promotional Material | 265.25 | |
| LINACRE QUARTERLY | 502.80 | 810.40 |

**This indebtedness was incurred during the years of the war and following, when membership and activities of the Federation fell to a disastrously low figure. The excellent improvement in the finances this year is due to the fact that for the first time in recent years a special Secretary has been employed to promote subscriptions and supply material on membership in the Federation.

## Guild Activities

EDITOR'S NOTE: *In each issue of LINACRE QUARTERLY we hope to report the activities of one or more Guilds. The following report on the activities of the Guild of St. Luke of Boston has been prepared by Dr. William J. Egan, immediate past president.*

The Guild of St. Luke of Boston was founded on June 20, 1910 by the late William Cardinal O'Connell. The objects of the Guild have been (a) the promotion and observance of moral principles in medical education and practice and (b) the attainment of high professional standards by its members. The Guild for many years had a small membership of grand and good elders similar to many parish Holy Name Societies. The record of accomplishment was pretty baren until the present Archbishop, Richard J. Cushing, offered his encouragement seven years ago. The Archbishop assigned a chaplain acutely interested in medical activities. Any proposed action of the Guild is presented by the chaplain to His Excellency for approval and action is taken by the Guild after sanction is obtained. Moreover, the officialis of the Diocese has stated that according to Canon Law, Catholic action should arise with the laity and be supervised or moderated by the clergy. This supervision and encouragement have resulted in activities which are milestones of progress in Catholic medicine in the Archdiocese. These are worth reporting:

1. The annual retreat for members at St. John's Ecclesiastical Seminary on the week-end after Easter. In addition to the usual hours of prayer and instructions, round table discussions conducted by the Seminary professors open up new fields to both the medical and moral doctors.

2. The John J. Larkin Memorial Grant-in-aid: A five hundred dollar reward to aid in the development of Catholics in research. This is granted annually to a pre-medical or medical student, intern, resident, fellow or physician who presents the research project considered most basic by a committee of the Guild qualified to so judge.

3. Sponsorship of the Annual Retreat for Medical Students: The charge per student of fifteen dollars is underwritten by the

Guild and the retreatants have so increased in members that the retreat house has been forced to set aside two week-ends in the future.

4. Sponsorship of Catholic Clubs at the local medical schools: at two of the three schools, Catholic clubs not only did not exist but were opposed. This opposition has been surmounted by the students themselves with the encouragement of the Guild in a moral as well as financial way.

5. State charter of the Guild as a legal corporation: This serves the purpose of allowing income tax exemption for dues and contributions. In addition, any movement, complaint, or opposition offered by the Guild carries the weight of a recognized, and legalized group—not the odium of a temporary group of physicians.

6. A Rotating Scholarship Loan Fund: This is an accumulation of gifts or bequests that can ease the burden on young Catholic physicians who wish to advance in the special fields.

7. Supervision and successful passage of a State Law that makes it mandatory for a baby to be adopted in the religion of its mother and penalties for irregular adoptions.

8. "Medical Chats" in the Diocesan weekly, "The Pilot:" This is a weekly column that attempts to bring to the laity accurate medical and medico-moral information to counteract the "mumbo-jumbo" of the lay press.

9. Sponsorship of Cana and Pre-Cana Parochial Conferences combining clergy, medical men, and laity.

10. Division of the Guild into chapters. This is the latest activity in an attempt to make discussion of moral problems and neighboring retreats available to all Catholic physicians in a widespread diocese.

These activities are all financed on a yearly dues basis of five dollars. Further revenue is obtained by the addition of one dollar per person to the expenses of an annual dinner dance. This is held on the evening of the annual meeting and is a potent instrument in increasing membership.